

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT \_\_\_\_\_  
 )SS: ( \_\_\_\_\_ DIVISION, ROOM \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

### **PROOF OF SERVICE OF COMPLETED RESPONSE (Workplace Violence)**

**Instructions to Defendant:** *After having the other party served with the completed Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee, have the person who served the documents complete this Proof of Service of Completed Response. Give the completed Proof of Service of Completed Response to the clerk for filing. The defendant cannot serve these papers.*

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the completed *Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee.*
3. Person served (*name*): \_\_\_\_\_
4. By personally delivering copies to the person served, as follows:
  - a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_
  - c. Address: \_\_\_\_\_
5. My residence or business address is (*specify*): \_\_\_\_\_  
 \_\_\_\_\_
6. My telephone number is (*specify*): \_\_\_\_\_

I affirm, under the penalties for perjury, that the foregoing representations are true.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE)

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ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, attorney registration number, and address*):

TELEPHONE NO.:

FAX NO.:

ATTORNEY FOR (*Name*):